

CLAIMS ONLY						Application Number 1081060	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8	1						
9							
10							
11							
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13							
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15							
16	1						
17							
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21							
22	1						
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48							
49							
50							
Total Indep							
Total Depend							
Total Claims							